



**LONGMONT  
HOUSING & COMMUNITY  
INVESTMENT**  
*A Division of Community Services*

## **City of Longmont Flood Recovery Temporary Rental Assistance Program**

### **Application**

The City of Longmont Flood Recovery Rehabilitation Program assists eligible households whose primary residence was damaged by the September 2013 flood. This Program can provide City of Longmont residents with rental, security deposit, and moving costs assistance for a maximum of 24 months. Please review and complete this application. General instructions are listed on page 2 and a list of required documents to be submitted is on page 3.

For any questions and/or to submit a completed application, please contact

Molly McElroy, Housing and Community Investment Specialist  
350 Kimbark St.  
Longmont, CO 80501  
Tel: 303-774-4648  
Email: [molly.mcelroy@ci.longmont.co.us](mailto:molly.mcelroy@ci.longmont.co.us)

#### **Additional Community Resources**

##### **Boulder County Housing and Community Education Program**

A free service offering financial counseling, including pre-purchase, credit, budget, mortgage default, and reverse mortgage. Classes, workshops, and one-on-one counseling are available.

Tel: 720-564-2279  
Email: [www.bouldercountyhc.org](http://www.bouldercountyhc.org)

##### **Boulder County Long-Term Flood Recovery Group**

An organization that works with residents affected by the flood. The LTFRG offers case management to find solutions and resources for flood survivors. For more information and to complete an intake form, please contact the LTFRG.

Tel: 303-442-2178  
Email: [floodrecovery@unitedwayfoothills.org](mailto:floodrecovery@unitedwayfoothills.org)  
Web address: [www.bocofloodrecovery.org](http://www.bocofloodrecovery.org)

**Traducción al español está disponible a solicitud/  
Spanish translation is available upon request.**

## General Instructions

### General Instructions

- Read the instructions for this application.
- Please type or use Blue or Black ink. Do not use pencil. All blanks must be completed or have N/A written in.
- Please fill out this entire application. Submit copies of required documents for all household members. **Do not send originals as they cannot be returned.** Incomplete applications and those missing documentation will not be fully processed until all required paperwork has been submitted. Please refer to the Required Document Checklist on page 3 for a list of all required paperwork.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date this application. Submit by mail or hand delivery the application with copies of all required documents for all household members to the address below.

Molly McElroy  
City of Longmont  
Housing and Community Investment Specialist  
350 Kimbark St.  
Longmont, CO 80501

**Include Required Documents:** Submit copies of required documents. ***Do not send originals*** – you will need copies of most of these documents for your records. Incomplete applications (those missing required documentation or without the application filled out) will not be fully processed until all paperwork has been submitted. Please refer to the *Required Documentation Checklist* (page 4) for a list of all required paperwork. Documents will not be returned to you in the future.

**Processing of Your Application:** The application review process may take at least two weeks from the time your completed application has been submitted. ***Completing this application does not guarantee that you will be eligible for the Temporary Rental Assistance Program.*** All applicants will be notified in writing of their eligibility.

**Income Calculation:** Federal regulations (24 CFR Part 5) require a "snapshot" of your gross income (net, if you are self-employed) and project it forward 12 months. Federal regulations also require that income is calculated from your assets and added to your income. The income stated in the eligibility letter you receive from the Program may look different than what you think of as your income. Please contact the Program if you have questions on how your income was calculated.

### **\*\*Please note\*\***

- ❖ ***Priority for assistance*** will be given to households who are/were living in mobile/manufactured housing, are elderly, and/or are disabled.

## Required Document Checklist

**Copies** of all of the following documents (if applicable) must be submitted with this application or processing may be delayed.

- ☐ Completed application, signed and dated.
- ☐ Documentation that your residence at the time of the September flood sustained damage or was destroyed due to the flood. Documentation can include FEMA registration, Small Business Administration registration, or another recognized flood recovery/assistance program. If you have not registered with a flood-assistance organization, the City of Longmont may determine if your residence was located in a flood affected area.
- ☐ A completed Immigration Status Affidavit (Declaration of Section 214 Status) on page 15 and a photocopy of an approved form of identification for all household members.
- ☐ A completed employer verification form **or** a letter from your employer, on letterhead, indicating your annual gross wage, start of employment, pay schedule, expected wage increases, any overtime, bonuses, tips and/or commissions.
- ☐ Copies of two months of most recent pay stubs for each employed household member.
- ☐ Verification of all other sources of income (Social Security, pension, child support, maintenance, etc.)
- ☐ Complete copies of two years of your most recent federal tax returns, all corresponding W2's, and attached schedules.
- ☐ If you are self-employed (full or part-time) submit:
  - a year-to-date profit/loss statement.
  - three years of personal and three years of business federal income tax returns including all pages, W2s, and schedules.
  - an estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.
- ☐ Documentation regarding court ordered child support and/or alimony/maintenance payments you are to receive.
- ☐ Six months of statements from your financial institution documenting the balance of your checking account.
- ☐ Most recent savings account statement, including the interest rate. Include Health Savings accounts.
- ☐ A copy of the most recent statement from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment.
- ☐ Verification of all sources of assistance received for flood related expenses including determination of SBA loan.
- ☐ Printout of FEMA account. Please contact the City with questions on accessing this account.
- ☐ Homeowner or Rental Insurance approval or denial letter regarding flood related assistance.
- ☐ If you currently own a home, submit the most recent mortgage statement.
- ☐ If you were a renter at the time of the flood, submit the lease for the property damaged or destroyed by the flood.
- ☐ If you have signed a contract to buy a home, submit a copy of the contract.
- ☐ If you currently own other real property, such as vacant land and/or commercial property, submit a recent appraisal or Assessor's statement and a recent mortgage statement.
- ☐ Signed and completed Duplication of Benefits form (page 14).
- ☐ Copy of new lease showing address, date of lease, security deposit amount and monthly rental amount (*only for rental or security deposit assistance requests*).
- ☐ Verification of security/utility deposit (*only if requesting deposit assistance*).

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**City of Longmont**  
**Temporary Rental Assistance Program Application**  
**For City Use Only**

**CDBG-DR DPA Application Number:**

**CDBG-DR Application Received by:**

**Date/Time CDBG-DR Application Received:**

**PART 1: HOUSEHOLD INFORMATION**

**Section A-** Complete the following section for all household members age 18 or older who occupy the property. For household members 17 years old and younger, complete the information requested in Section B, on the next page. Make copies if necessary for any additional household members.

**Assistance applying for**

Rental Assistance \_\_\_\_\_ Utility Hookup Assistance \_\_\_\_\_

Security Deposit \_\_\_\_\_ Assistance with moving costs \_\_\_\_\_

**Primary Applicant – Name:** \_\_\_\_\_

Current Address (street, city, state, zip): \_\_\_\_\_

Phone: cell) \_\_\_\_\_ work) \_\_\_\_\_ e-mail: \_\_\_\_\_ other) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Household size \_\_\_\_\_

Are you disabled? ☐ Y ☐ N (*Disability will be documented by the receipt of Social Security Disability Income or a City form completed by a licensed medical professional*)

**OPTIONAL Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.**

**Ethnicity** (please choose one):

☐ Hispanic or Latino OR ☐ Not Hispanic or Latino

**Race** (please check *one or more* of the following):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ Other Multi-Racial

Property damaged /destroyed by the flood (street, city, zip): \_\_\_\_\_

Is/was this property a mobile home? ☐ Y ☐ N

Do/did you own this property? ☐ Y ☐ N

If you rented the above property, prove you landlord's contact information below.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Contacts Information:** this information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

1. Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

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**Adult Household Member #2 – Name:** \_\_\_\_\_

Current Address and Phone (if different from above): \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

cell) \_\_\_\_\_ work) \_\_\_\_\_ email) \_\_\_\_\_ other) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

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**Adult Household Member #3 – Name:** \_\_\_\_\_

Current Address and Phone (if different from above): \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

cell) \_\_\_\_\_ work) \_\_\_\_\_ e-mail) \_\_\_\_\_ other) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

**Section B** - Complete the following section for all household members *age 17 and younger* who will occupy the home.

Name	Birthdate	Gender	Ethnicity	Race	# of months during the year the child lives with you
			See text box in Section A for details		

## **PART 2: INCOME AND ASSET INFORMATION**

**Each** individual in the household who receives income, has assets, or has debts must submit PART 2 (make additional copies of this page if necessary).

- Do not provide employment income information for household members 17 years old or younger.
- Include assets held by or on behalf of children and/or benefit income received by or on behalf of children.
- On the following list, check **yes** if you receive the particular income, and check **no** if you do not receive the income.
- Verification will be required for each item checked **yes** (see *Required Documentation Checklist* on page 3).

**Information for:** (Name) \_\_\_\_\_ (complete a copy of this page for each adult who earns income).

### **Section 2A - Income Information**

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from retirement, life insurance payout, stocks, etc. **Failure to report household income is considered fraud and can have serious consequences.**

#### **Employment Income (Do not include employment income of children younger than 18)**

Self-Employment	Receive?		Type of Income	Anticipated <u>Net</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name of Business:	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	\$	
<b>Employer #1</b>					
	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime Pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Employer #2</b>					
	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>			

**Section 2B - Income Information** *(continued)*

**Information for:** (Name) \_\_\_\_\_ (complete a copy of this page for each person who earns income or has debt).

**Benefit Payments** (documentation required)

Type of Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<b>PLEASE ADD ALL BENEFIT INCOME AND RECORD THE TOTAL HERE</b>				<b>\$ _____</b>

**Alimony and Child Support**

Provide a copy of the court order for each type of support and indicate whether you are actually receiving it/them

Type of Support	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<b>PLEASE ADD ALL SUPPORT INCOME AND RECORD THE TOTAL HERE</b>				<b>\$ _____</b>

**Other Sources of Income**

Type of Other Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (pls specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	
<b>PLEASE ADD ALL "OTHER" INCOME AND RECORD THE TOTAL HERE</b>				<b>\$ _____</b>



## Section 2C - Asset Information

**Information for:** (Name) \_\_\_\_\_ (complete a copy of this page for each person who has assets).

### Report the following assets:

Bank: Savings accounts, checking accounts, money market accounts.

Property: Homes, equity in rental property, land, other capital investments.

Monetary Investments: Current cash value of stocks, bonds, Treasury bills, certificates of deposit.

Retirement: IRA, 401(k), Keogh account, pension. Include information even if a penalty is paid for early withdrawal.

Life insurance: Cash value of life insurance policies available to the individual before death.

Personal investment property: gems, jewelry, coin collections, antique cars, etc.

Lump sum or one-time receipts: inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

Other: such as mortgages or deeds of trust held by an applicant, property, land and/or other assets owned by the applicant

**Do Not Report:** necessary personal property such as clothing, furniture, and vehicles.

### Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (pls specify)	\$

**PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD THE TOTAL HERE** \$ \_\_\_\_\_

### Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (pls specify)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (pls specify)	\$	

**PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD THE TOTAL HERE**

\$ \_\_\_\_\_

#### Section 4. Financial Assistance

	Received funding		Amount received	Reason for payment (Rental assistance, repairs, personal property, etc.)
	YES	NO		
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SBA Loan	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance (homeowners, renters or flood)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Boulder County Long Term Flood Recovery Group	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Non-Profit organizations (e.g., churches, OUR Center)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL FINANCIAL ASSISTANCE AND RECORD THE TOTAL HERE \$				

#### Section 5. Housing Costs

If you own a home please complete the following:

- Property address: \_\_\_\_\_
- Did you live in the home at the time of the September 2013 flood? ☐ Yes ☐ No
- Reason for requesting temporary rental assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Estimated length of time you will need temporary rental assistance: \_\_\_\_\_
- Do you have any deeds/mortgages on this property? ☐ Yes ☐ No
  - If yes, please list the monthly payments for each loan

#### Section 6. Flood Assistance Programs' Registration

Did you register with FEMA after the flood? ☐ Yes ☐ No

Did you register with the Small Business Administration after the flood? ☐ Yes ☐ No

Did you register with the Boulder County Long-Term Flood Recovery Group? ☐ Yes ☐ No

**If you have not registered with a flood-assistance organization, the City may determine if your property was located in flood affected areas before qualifying you for Temporary Rental Assistance.**

## **PART 7: CERTIFICATIONS**

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

### **I/We certify the following:**

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. This includes documents and e-mails sent in support of this application to the City of Longmont Flood Recovery Temporary Rental Assistance Program after the application has been submitted.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Longmont Temporary Rental Assistance Program and may result in legal action against me/us.
- **Consent to Release Information:**  
I/We authorize representatives from City of Longmont to supply and receive information to/from, my/our employer(s) or third party organizations my/our employer(s) use to provide income verification information, my/our financial institution(s), and other housing programs to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from the City of Longmont to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
  - If I/we request use of information from The Work Number, or any other third party employment verification organization, for employment and income verification, I/we understand this information will be used in whole or part to determine my eligibility for the program(s). I also understand that only agencies which subscribe to this service may use information from The Work Number, and that reports obtained from The Work Number by one agency may not be shared with other agencies.
  - I release all representatives from the City of Longmont from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the City of Longmont Flood Recovery Temporary Rental Assistance Program.
- I understand that completion of this application does not guarantee that my/our eligibility for the Program and/or that I/we will successfully receive assistance from the City of Longmont Flood Recovery Temporary Rental Assistance Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Equal Opportunity:** In accordance with the provisions of the Equal Opportunity Act and the City of Longmont policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Longmont Assistance is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the City of Longmont. Spanish translation is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-659-3656.

**Confidentiality:** In order to process an application, the City of Longmont may supply and receive information as detailed in the “Consent to Release” clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

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## **PART 8 - DUPLICATION OF BENEFITS CERTIFICATION**

The undersigned, on behalf of and as a duly authorized agent and representative of \_\_\_\_\_  
(Applicant), certifies and represents that all information contained in and enclosed with the **City of Longmont Flood Recovery Temporary Rental Assistance** application is true to the best of his/her knowledge and acknowledges that the City of Longmont Housing and Community Investment Division has relied on such information to award Temporary Rental Assistance funds.

The Applicant also certifies that s/he has disclosed to the City of Longmont in the application process all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the City of Longmont.

The Applicant certifies that s/he will disclose to the City of Longmont all future FEMA, SBA, insurance proceeds, or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date of assistance is awarded by the City of Longmont.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the City of Longmont Flood Recovery funds received for three years after the receipt of City Flood Recovery assistance funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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## PART 9- DECLARATION OF SECTION 214 STATUS

Notice to applicants: In order to be eligible to receive the housing assistance sought, each household member for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the City of Longmont Housing and Community Investment division. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or

☐ Permanent residence under 249 of INA; or

☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; or

☐ Parole status under 212(d)(5) of the INA; or

☐ Threat to life or freedom under 243(h) of the INA; or

☐ Amnesty under 245A of the INA.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

**Instructions to family members to complete the Declaration for minors:** Print or type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "check" in the box below the signature if by the adult residing in the unit who is responsible for the Child.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- Immigrant status under 101(a) (15) or 101(a) (20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under IHA 249].
- Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- Parole status under \_212(d) (5) of INA A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under \_212(d)(5) of the INA 1253(h))
- Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



## **PART 10 REQUEST FOR VERIFICATION OF EMPLOYMENT**

### **Section A:**

Applicant - Please fill out Section A then give this form to your employer to complete Sections B and C.

Applicant's Name:	Employer's Name:	
Address: _____	Address: _____	
City, State, Zip Code	City, State, Zip Code	
Phone:	Phone:	Fax:

***Employer - please fax this completed form to:***

City of Longmont, Housing & Community Investment Attn: Molly McElroy	Phone 303-774-4645	Fax 303- 651-8590
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**I authorize you to release my employment information to the City of Longmont checked above.**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section B: Employer** - Please provide the following information for the above listed employee, then fax or email the completed form to the contact information I indicated in Section A. Please call the City with any questions.

Present Position:	Dates of employment:
Probability of Continued Employment:	
Current Gross Pay (Enter amount per Pay Period): \$	
Please circle frequency:    hourly    weekly    2x/month (24x/yr)    bi-weekly (26/yr)    monthly    Other: _____	
Average regular hours worked per week:	
Overtime rate per hour: \$	Average number of overtime hours per week:
Commissions earned per week: \$	
Tips earned per week: \$	Annual Bonuses: \$
Date and amount of applicant's last pay increase:	Date      Amount
Date and projected amount of applicant's next pay increase:	Date      Amount
Additional information (please explain seasonal work cycles and other pertinent information):	
<b>Employee's Total Gross Annual Income:</b> \$	

### **Section C: EMPLOYER - Authorized Signature**

Signature	Title	Date
Printed Name	Phone	Email

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